

*Steinbock*

## RURAL HEALTH CLINIC SERVICES

NOVEMBER 1, 1977.—Ordered to be printed

Mr. ULLMAN, from the committee of conference,  
submitted the following

### CONFERENCE REPORT

[To accompany H.R. 8422]

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 8422) to amend titles XVIII and XIX of the Social Security Act to provide payment for rural health clinic services, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment insert the following:

#### MEDICARE AMENDMENTS

*SECTION 1. (a) Section 1832(a) of the Social Security Act is amended—*

*(1) by striking out “paragraph (2)(B)” in paragraph (1) and inserting in lieu thereof “subparagraphs (B) and (D) of paragraph (2)”;* and

*(2) by striking out the period at the end of paragraph (2)(C) and inserting in lieu thereof “; and” and by adding the following new subparagraph at the end of paragraph (2):*

*“(D) rural health clinic services.”*

*(b) Section 1833(a) of such Act is amended—*

*(1) by striking out “and” at the end of paragraph (1);*

*(2) by inserting “(except those services described in subparagraph (D) of section 1832(a)(2))” in paragraph (2) after “1832(a)(2)”;*

*(3) by striking out the period at the end of paragraph (2) and inserting in lieu thereof “; and”;* and

*(4) by inserting the following new paragraph after paragraph (2):*

*“(3) in the case of services described in section 1832(a)(2)(D), 80 percent of costs which are reasonable and related to the cost of furnishing such services or on such other tests of reasonableness as the Secretary may prescribe in regulations, including those authorized under section 1861 (v)(1)(A).”*

(c) *The Secretary of Health, Education, and Welfare (hereinafter in this Act referred to as the "Secretary") shall conduct a study of the feasibility and desirability of imposing a copayment for each visit to a rural health clinic for rural health clinic services under part B of title XVIII of the Social Security Act, instead of the deductible and coinsurance amounts otherwise required under section 1833 of such Act with respect to the provision of such services. The Secretary shall report to the appropriate committees of Congress, not later than one year after the date of enactment of this Act, on such study and on any recommendations he may have for changes in the provisions of part B of title XVIII of the Social Security Act to reflect the findings of such study.*

(d) *Section 1861 of such Act is amended by adding at the end thereof the following new subsection:*

*"Rural Health Clinic Services*

*"(aa)(1) The term 'rural health clinic services' means—*

*"(A) physicians' services and such services and supplies as are covered under section 1861(s)(2)(A) if furnished as an incident to a physician's professional service,*

*"(B) such services furnished by a physician assistant or by a nurse practitioner and such services and supplies furnished as an incident to his service as would otherwise be covered if furnished by a physician or as an incident to a physician's service, and*

*"(C) in the case of a rural health clinic located in an area in which there exists a shortage of home health agencies, part-time or intermittent nursing care and related medical supplies (other than drugs and biologicals) furnished by a registered professional nurse or licensed practical nurse to a homebound individual under a written plan of treatment (i) established and periodically reviewed by a physician described in paragraph (2)(B), or (ii) established by a nurse practitioner or physician assistant and periodically reviewed and approved by a physician described in paragraph (2)(B), when furnished to an individual as an outpatient of a rural health clinic.*

*"(2) The term 'rural health clinic' means a facility which—*

*"(A) is primarily engaged in providing rural health clinic services;*

*"(B) in the case of a facility which is not a physician-directed clinic, has an arrangement (consistent with the provisions of State and local law relative to the practice, performance, and delivery of health services) with one or more physicians (as defined in subsection (r)(1)) under which provision is made for the periodic review by such physicians of covered services furnished by physician assistants and nurse practitioners, the supervision and guidance by such physicians of physician assistants and nurse practitioners, the preparation by such physicians of such medical orders for care and treatment of clinic patients as may be necessary, and the availability of such physicians for such referral of and consultation for patients as is necessary and for advice and assistance in the management of medical emergencies; and in the case of a physician-directed clinic, such clinic has one or more of its staff physicians perform the activities accomplished through such an arrangement;*

*"(C) maintains clinical records on all patients;*

*"(D) has arrangements with one or more hospitals having agreements in effect under section 1866 for the referral and admission of*

patients requiring inpatient services or such diagnostic or other specialized services as are not available at the clinic;

“(E) has written policies, which are developed with the advice of (and with provision for review of such policies from time to time by) a group of professional personnel, including one or more physicians and one or more physician assistants or nurse practitioners, to govern the services referred to in subparagraph (A) which it provides;

“(F) has a physician, physician assistant, or nurse practitioner responsible for the execution of policies described in subparagraph (E) and relating to the provision of the clinic's services;

“(G) directly provides routine diagnostic services, including clinical laboratory services as prescribed in regulations by the Secretary, and has prompt access to additional diagnostic services from facilities meeting requirements under this title;

“(H) in compliance with State and Federal law, has available for administering to patients of the clinic at least such drugs and biologicals as are determined by the Secretary to be necessary for the treatment of emergency cases (as defined in regulations) and has appropriate procedures or arrangements for storing, administering, and dispensing any drugs and biologicals;

“(I) has appropriate procedures for review of utilization of clinic services to the extent that the Secretary determines to be necessary and feasible; and

“(J) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are furnished services by the clinic.

For the purposes of this title, such term includes only a facility which (i) is located in an area that is not an urbanized area (as defined by the Bureau of the Census) and that is designated by the Secretary either (I) as an area with a shortage of personal health services under section 1302(7) of the Public Health Service Act or (II) as a health manpower shortage area described in section 332(a)(1)(A) of that Act because of its shortage of primary medical care manpower, (ii) has filed an agreement with the Secretary by which it agrees not to charge any individual or other person for items or services for which such individual is entitled to have payment made under this title, except for the amount of any deductible or coinsurance amount imposed with respect to such items or services (not in excess of the amount customarily charged for such items and services by such clinic), pursuant to subsections (a) and (b) of section 1833, (iii) employs a physician assistant or nurse practitioner, and (iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases. A facility that is in operation and qualifies as a rural health clinic under this title or title XIX and that subsequently fails to satisfy the requirement of clause (i) shall be considered, for purposes of this title and title XIX as still satisfying the requirement of such clause.

“(3) The term ‘physician assistant’ and the term ‘nurse practitioner’ mean, for the purposes of paragraphs (1) and (2), a physician assistant or nurse practitioner who performs such services as such individual is legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law), and who meets such training, education, and experience requirements (or any combination thereof) as the Secretary may prescribe in regulations.”.

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(e) *Any private, nonprofit health care clinic that—*

(1) *on July 1, 1977, was operating and located in an area which on that date (A) was not an urbanized area (as defined by the Bureau of the Census) and (B) had a supply of physicians insufficient to meet the needs of the area (as determined by the Secretary), and*

(2) *meets the definition of a rural health clinic under section 1861(aa)(2) of the Social Security Act, except for clause (i) of such section,*

*shall be considered, for the purposes of titles XVIII and XIX of the Social Security Act, as satisfying the definition of a rural health clinic under such section.*

(f) *Section 1862(a)(3) of such Act is amended by striking out “in such cases” and inserting in lieu thereof “in the case of rural health clinic services, as defined in section 1861(aa)(1), and in such other cases”.*

(g) *Section 1861(s)(2) of such Act is amended—*

(1) *by striking out “and” at the end of subparagraph (C) (ii);*

(2) *by inserting “and” at the end of subparagraph (D); and*

(3) *by adding the following new subparagraph at the end thereof:*

*“(E) rural health clinic services;”.*

(h) *The second sentence of section 1861(s) of such Act is amended by inserting “, a rural health clinic,” after “physician’s office”.*

(i) *Section 1864(a) of such Act is amended—*

(1) *by inserting “or whether a facility therein is a rural health clinic as defined in section 1861(aa) (2),” in the first sentence after “home health agency;”;*

(2) *by inserting “rural health clinic,” in the second sentence after “nursing facility;”;*

(3) *by inserting “rural health clinic,” in the last sentence after “facility,” the first and second times it appears; and*

(4) *by striking out “such facility” and inserting in lieu thereof “such health care facility, rural health clinic”.*

(j) *The amendments made by this section shall apply to services rendered on or after the first day of the third calendar month which begins after the date of enactment of this Act.*

#### MEDICAID AMENDMENTS

*SEC. 2. (a) Paragraph (2) of section 1905(a) of the Social Security Act is amended to read as follows:*

*“(2)(A) outpatient hospital services, and (B) consistent with State law permitting such services, rural health clinic services (as defined in subsection (l)) and any other ambulatory services which are offered by a rural health clinic (as defined in subsection (l)) and which are otherwise included in the plan;”.*

(b) *Section 1905 of such Act is amended by adding after subsection (k) the following new subsection:*

*“(l) The terms ‘rural health clinic services’ and ‘rural health clinic’ have the meanings given such terms in section 1861(aa), except that (1) clause (ii) of section 1861(aa)(2) shall not apply to such terms, and (2) the physician arrangement required under section 1861(aa)(2)(B) shall only apply with respect to rural health clinic services and, with respect to other ambulatory care services, the physician arrangement required shall be only such as may be required under the State plan for those services.”.*

(c) *Section 1902(a) of such Act is amended—*

(1) *by striking out the semicolon at the end of paragraph (13) and*

inserting in lieu thereof “; and”, and by adding at the end of such paragraph the following new subparagraph:

“(F) for payment for services described in section 1905(a)

(2)(B) provided by a rural health clinic under the plan of 100 percent of costs which are reasonable and related to the cost of furnishing such services or based on such other tests of reasonableness, as the Secretary may prescribe in regulations under section 1833(a)(3), or, in the case of services to which those regulations do not apply, on such tests of reasonableness as the Secretary may prescribe in regulations under this subparagraph;” and

(2) by inserting “, or by reason of the fact that the plan provides for payment for rural health clinic services only if those services are provided by a rural health clinic” before the semicolon at the end of paragraph (23).

(d) Section 1910 of such Act is amended—

(1) by amending the heading to read as follows, “CERTIFICATION AND APPROVAL OF SKILLED NURSING FACILITIES AND OF RURAL HEALTH CLINICS”;

(2) by striking out “(a)” and inserting in lieu thereof “(a)(1)”;

(3) by striking out “(b)” and inserting in lieu thereof “(2)”;

(4) by adding at the end thereof the following new subsection:

“(b)(1) Whenever the Secretary certifies a facility in a State to be qualified as a rural health clinic under title XVIII, such facility shall be deemed to meet the standards for certification as a rural health clinic for purposes of providing rural health clinic services under this title.

“(2) The Secretary shall notify the State agency administering the medical assistance plan of his approval or disapproval of any facility in that State which has applied for certification by him as a qualified rural health clinic.”

(e) Section 1866(c)(2) of such Act is amended by striking out “section 1910” and inserting in lieu thereof “section 1910(a)”.

(f)(1) The amendments made by this section shall (except as otherwise provided in paragraph (2)) apply to medical assistance provided, under a State plan approved under title XIX of the Social Security Act, on and after the first day of the first calendar quarter that begins more than six months after the date of enactment of this Act.

(2) In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary determines requires State legislation in order for the plan to meet the additional requirements imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act.

DEMONSTRATION PROJECTS FOR PHYSICIAN-DIRECTED CLINICS IN URBAN  
MEDICALLY UNDERSERVED AREAS

SEC. 3. (a) The Secretary shall provide, through demonstration projects, reimbursement on a cost basis for services provided by physician-directed clinics in urban medically underserved areas for which payment may be made under title XVIII of the Social Security Act and, notwithstanding any other provision of such title, for services provided by a physician

assistant or nurse practitioner employed by such clinics which would otherwise be covered under such title if provided by a physician.

(b) The demonstration projects developed under subsection (a) shall be of sufficient scope and carried out on a broad enough scale to allow the Secretary to evaluate fully—

(1) the relative advantages and disadvantages of reimbursement on the basis of costs and fee-for-service for physician-directed clinics employing a physician assistant or nurse practitioner;

(2) the appropriate method of determining the compensation for physician services on a cost basis for the purposes of reimbursement of services provided in such clinics;

(3) the appropriate definition for such clinics;

(4) the appropriate criteria to use for the purposes of designating urban medically underserved areas; and

(5) such other possible changes in the provisions of title XVIII of the Social Security Act as might be appropriate for the efficient and cost-effective reimbursement of services provided in such clinics.

(c) Grants, payments under contracts, and other expenditures made for demonstration projects under this section shall be made in appropriate part from the Federal Hospital Insurance Trust Fund (established by section 1817 of the Social Security Act) and the Federal Supplementary Medical Insurance Trust Fund (established by section 1841 of the Social Security Act). Grants and payments under contracts may be made either in advance or by way of reimbursement, as may be determined by the Secretary, and shall be made in such installments and on such conditions as the Secretary finds necessary to carry out the purpose of this section. With respect to any such grant, payment, or other expenditure, the amount to be paid from each trust fund shall be determined by the Secretary, giving due regard to the purposes of the demonstration projects.

(d) The Secretary shall submit to the Congress, no later than January 1, 1981, a complete, detailed report on the demonstration projects conducted under subsection (b). Such report shall include any recommendations for legislative changes which the Secretary finds necessary or desirable as a result of carrying out such demonstration projects.

(e) As used in this section, the terms "physician assistant" and "nurse practitioner" have the meanings given such terms in section 1861(aa)(3) of the Social Security Act.

REPORT BY THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE ON  
MENTAL HEALTH AND OTHER CENTERS

SEC. 4. (a) The Secretary shall submit to the Congress, no later than six months after the date of enactment of this Act, a report on the advantages and disadvantages of extending coverage under title XVIII of the Social Security Act to urban or rural comprehensive mental health centers and to centers for treatment of alcoholism and drug abuse.

(b) The report submitted under subsection (a) shall include evaluations of—

- (1) the need for coverage under such title of services provided by such centers;
- (2) the extent of present utilization of such centers by individuals eligible for benefits under such title;
- (3) alternatives to services provided by such centers presently available to individuals eligible for benefits under such title;
- (4) the appropriate definition for such centers;
- (5) the types of treatment provided by such centers;
- (6) present Federal and State funding for such centers;
- (7) the extent of coverage by private insurance plans for services provided by such centers;
- (8) present and projected costs of services provided by such centers;
- (9) available methods for assuring proper utilization of such centers;
- (10) the effect of allowing coverage for services provided by such centers on other providers and practitioners; and
- (11) the need for any demonstration projects for further evaluation of the need for coverage for services provided by such centers.

ACCESS TO CERTAIN TAX RETURN INFORMATION BY THE NATIONAL  
INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

SEC. 5. Subsection (m) of section 6103 of the Internal Revenue Code of 1954 (relating to disclosure of taxpayer identity information) is amended to read as follows:

“(m) DISCLOSURE OF TAXPAYER IDENTITY INFORMATION.—

“(1) TAX REFUNDS.—The Secretary may disclose taxpayer identity information to the press and other media for purposes of notifying persons entitled to tax refunds when the Secretary after reasonable effort and lapse of time, has been unable to locate such persons.

“(2) FEDERAL CLAIMS.—Upon written request, the Secretary may disclose the mailing address of a taxpayer to officers and employees of an agency personally and directly engaged in, and solely for their use in, preparation for any administrative or judicial proceeding (or investigation which may result in such a proceeding) pertaining to the collection or compromise of a Federal claim against such taxpayer in accordance with the provisions of section 3 of the Federal Claims Collection Act of 1966.

“(3) NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH.—Upon written request, the Secretary may disclose the mailing address of taxpayers to officers and employees of the National Institute for Occupational Safety and Health solely for the purpose of locating individuals who are, or may have been, exposed to occupational hazards in order to determine the status of their health or to inform them of the possible need for medical care and treatment.”

## TRANSFER OF PUBLIC HEALTH SERVICE HOSPITAL IN TEXAS

*Sec. 6. If the Secretary acquires the Space Center Memorial Hospital in Nassau Bay, Texas, for the purpose of transferring to it the activities and functions of the Public Health Service hospital in Galveston, Texas, the Secretary may close the Public Health Service hospital in Galveston, Texas.*

And the Senate agree to the same.

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 HARLEY O. STAGGERS,  
 DAN ROSTENKOWSKI,  
 PAUL G. ROGERS,  
 JAMES C. CORMAN,  
 RICHARD PREYER,  
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 TIM LEE CARTER,  
*Managers on the Part of the House.*

RUSSELL LONG,  
 HERMAN E. TALMADGE,  
 WILLIAM D. HATHAWAY,  
 BOB DOLE,  
 BOB PACKWOOD,  
*Managers on the Part of the Senate.*



## JOINT EXPLANATORY STATEMENT OF THE COMMITTEE ON CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 8422) to amend titles XVIII and XIX of the Social Security Act to provide payment for rural health clinic services, and for other purposes, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

The Senate amendment struck out all of the House bill after the enacting clause and inserted a substitute text.

The House recedes from its disagreement to the amendment of the Senate with an amendment which is a substitute for the House bill and the Senate amendment. The differences between the House bill, the Senate amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clarifying changes.

### 1. *Substitution of part B deductible with copayment for rural health clinic services*

*House bill.*—The House bill contains no comparable provision.

*Senate amendment.*—The Senate amendment authorizes the Secretary to waive the part B deductible with respect to rural health clinic services and to require in lieu thereof copayments not to exceed \$3 a visit and \$60 a year, where he determines that such an alternative approach would be less costly.

*Conference agreement.*—The conference agreement requires the Secretary of Health, Education, and Welfare to study the feasibility and desirability of imposing a copayment for each visit to a rural health clinic instead of the medicare deductible and coinsurance. The Secretary is to report to the appropriate committees of Congress, not later than one year after the date of enactment, on such study and on any recommendations. The conferees note that the intent of the study is to evaluate approaches to the use of copayment that will not result in additional cost either to beneficiaries or rural clinics.

### 2. *Primary care practitioner*

*House bill.*—The House bill uses the term "primary care practitioner" to describe the nurse practitioners, physician assistants, medex and other practitioners whose services would be covered under the bill.

*Senate amendment.*—The Senate amendment deletes the term "primary care practitioner" and uses in lieu thereof the terms "nurse practitioner" and "physician assistant".

*Conference agreement.*—The conference agreement accepts the Senate amendment. It is the intent of the conferees that the services of a nurse midwife furnished through an otherwise eligible rural health clinic be covered as rural health clinic services.

### 3. Coverage of home health services furnished by certain clinics

*House bill.*—The House bill contains no comparable provision.

*Senate amendment.*—The Senate amendment provides that, where there exists a shortage of home health agencies, the rural health clinic services covered under medicare and medicaid could include any or all of the services presently covered by a home health agency regardless of whether a clinic could offer any of the skilled services (nursing care, speech therapy or physical therapy) presently required of home health agencies.

*Conference agreement.*—The conference agreement provides that, where there exists a shortage of home health agencies, the rural clinic services covered under medicare and medicaid could include part-time or intermittent nursing services and related supplies, to the extent permitted in regulations, furnished by a registered nurse or a licensed practical nurse to homebound patients, provided such services are furnished under a written plan of treatment (i) established and periodically reviewed by a physician, or (ii) established by a nurse practitioner or physician assistant and periodically reviewed and approved by a physician. It is the intent of the conferees that licensed vocational nurses shall be considered as licensed practical nurses for the purposes of this provision.

### 4. Physician supervision arrangement

*House bill.*—The House bill requires the rural health clinic to have an arrangement with one or more physicians under which the physician periodically reviews the services furnished by the nurse practitioner or physician assistant and prepares such medical orders for care and treatment of clinic patients as is necessary.

*Senate amendment.*—The Senate amendment modifies the House bill by providing that the medical orders are to be prepared jointly by the physician and the nurse practitioner or physician assistant.

*Conference agreement.*—The conference agreement accepts the House provision. The conferees note that medical orders are appropriately prepared by a physician. However, patient care plans, which involve nursing functions, are ordinarily prepared in consultation with the nurse practitioner and physician assistant.

### 5. Clinic policies

*House bill.*—The House bill requires a rural health clinic to have policies to govern the provision of covered services which are developed (and periodically reviewed) with the advice of a group of professional personnel, including one or more physicians and one or more nurse practitioners or physician assistants.

*Senate amendment.*—The Senate amendment substitutes for the House provision the requirement that the clinic have written policies to govern the management of the clinic and the services it furnishes.

*Conference agreement.*—The conference agreement accepts the House provision with a modification to clarify that the policies are to be written.

### 6. Execution of policies

*House bill.*—The House bill requires a rural health clinic to have a physician or primary care practitioner responsible for the execution of policies relating to the provision of the clinic's services.

*Senate amendment.*—The Senate amendment has no comparable provision.

*Conference agreement.*—The conference agreement accepts the House provision.

#### 7. *Clinical laboratory services*

*House bill.*—The House bill requires each clinic to provide routine diagnostic services, including such clinical laboratory services as are prescribed by the Secretary. The House bill also provides that a clinic's laboratory shall be treated as a physician's office for the purpose of licensure and meeting any health and safety standards for clinical laboratories established by the Secretary.

*Senate amendment.*—The Senate amendment modifies the House bill to delete the requirement with respect to the provision of clinical laboratory services.

*Conference agreement.*—The conference agreement accepts the House provision.

#### 8. *Emergency drugs*

*House bill.*—The House bill requires the clinic to have available for administration at least such drugs and biologicals as are determined by the Secretary to be necessary for the care and treatment of emergency cases.

*Senate amendment.*—The Senate amendment has no comparable provision.

*Conference agreement.*—The conference agreement provides that a clinic is to have such drugs and biologicals available as are determined by the Secretary to be necessary for treatment of emergency cases to the extent allowed by State and Federal law.

#### 9. *Utilization review*

*House bill.*—The House bill contains no comparable provision.

*Senate amendment.*—The Senate amendment requires a rural health clinic to have appropriate procedures for utilization review.

*Conference agreement.*—The conference agreement requires clinics to have procedures for the review of utilization of services to the extent the Secretary determines necessary and feasible.

#### 10. *Eligible clinics*

*House bill.*—The House bill defines a rural health clinic as one located in a rural area designated by the Secretary as having medically underserved populations under section 1302(7) of the Public Health Service Act.

*Senate amendment.*—The Senate amendment defines a rural health clinic as a facility located:

(1) in a rural area designated by the Secretary as having medically underserved populations under section 1302(7) of the Public Health Service Act,

(2) in an area (other than an urbanized area as defined by the Bureau of the Census) in which the supply of medical services is not sufficient to meet the needs of individuals therein, or

(3) in an urbanized area (so defined) if the majority of patients served by such facility reside in an area described in paragraph (1) or (2).

*Conference agreement.*—The conference agreement provides that clinics are eligible which are located in areas which are not urbanized and which have been designated by the Secretary as—

- (1) having medically underserved populations (under title XIII of the Public Health Service Act), or
- (2) primary medical care manpower shortage areas (under title III of the Public Health Service Act).

The agreement also provides for the eligibility of any private, non-profit health care clinic which meets the requirements for a rural health clinic, except that it is not located in either of the shortage areas described above, and on July 1, 1977—

- (A) was located in a nonurbanized area, and
- (B) was located in an area where the supply of physicians was insufficient (as determined by the Secretary).

#### 11. *Grandfathering of clinics*

*House bill.*—The House bill provides that a clinic which qualifies as a rural health clinic and is located in an area which subsequently loses its designation as a rural or medically underserved area would continue to be eligible for medicare and medicaid reimbursement as a rural health clinic.

*Senate amendment.*—The Senate amendment has no comparable provision.

*Conference agreement.*—The conference agreement accepts the House provision.

#### 12. *Review of capital expenditures*

*House bill.*—The House bill contains no comparable provision.

*Senate amendment.*—The Senate amendment provides that rural health clinics would be subject to review of capital expenditures under programs established pursuant to section 1122 of the Social Security Act.

*Conference agreement.*—The conference agreement accepts the House position with the understanding that review of capital expenditures in ambulatory settings will be considered at a later date.

#### 13. *Comprehensive outpatient mental health centers*

*House bill.*—The House bill requires the Secretary to carry out a demonstration project to provide reimbursement for services furnished in organized centers offering comprehensive mental health services.

*Senate amendment.*—The Senate amendment requires the Secretary to submit a report, not later than April, 1978, on the advantages and disadvantages of extending medicare coverage to mental health centers.

*Conference agreement.*—The conference agreement accepts the Senate provision with the modifications that the report is to be submitted within 6 months after enactment and the study is to include, with separate evaluations, centers for treatment of alcoholism and drug abuse. The conferees expect the Secretary to conduct demonstration projects, under the authority of section 222 of Public Law 92-603, to provide coverage for preventive services furnished by rural health clinic services.

#### 14. *Arrangements for clinics under medicaid*

*House bill.*—The House bill clarifies that the requirement that clinics must agree not to charge medicare patients for covered items or services except for the amount of the medicare part B deductible or coinsurance is not applicable for the purposes of reimbursement under medicaid. The House bill also clarifies that services offered by a clinic which are covered only under the medicaid program are to

be subject to title XIX requirements for physician arrangements for supervision and related activities.

*Senate amendment.*—The Senate amendment contains no comparable provision.

*Conference agreement.*—The conference agreement accepts the House provision.

15. *Medicaid effective date*

*House bill.*—The House bill provides that the State medicaid plan of all States which authorize the medical practice of nurse practitioners or physician assistants is to provide reimbursement for rural health clinic services beginning the first calendar quarter beginning more than six months after the date of enactment.

*Senate amendment.*—The Senate amendment further provides that, if legislation is required to conform the State plan, the requirement is to be effective the first calendar quarter beginning after the close of the State legislative session.

*Conference agreement.*—The conference agreement accepts the Senate amendment.

16. *Disclosure of mailing addresses to National Institute for Occupational Safety and Health*

*House bill.*—The House bill contains no comparable provision.

*Senate amendment.*—The Senate amendment would authorize the Secretary of the Treasury, upon written request, to disclose mailing addresses to officers and employees of the National Institute for Occupational Safety and Health (NIOSH) solely for the purposes of locating and determining the vital status of persons who, in their occupations, are, or may have been, exposed to a hazardous substance and referring sick or injured workers for medical care and treatment.

*Conference agreement.*—The conference agreement includes the substance of the Senate amendment with a technical amendment which clarifies the language of the Senate amendment and which restructures the pertinent section (6103(m)) of the Internal Revenue Code. The conference agreement is not intended to allow the disclosure of the mailing addresses of any taxpayer for any other studies that have been or will be undertaken by NIOSH, except for the specific purpose stated in the conference report.

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